

CY 2003 Hospital Outpatient Department Prospective Payment System Payment Impact File

This file contains data used to assess the impact of the Medicare hospital outpatient department prospective payment system (PPS) on payments (including beneficiary copayments) to hospitals. The data comes from various sources, including hospital cost report extracts from fiscal years 1997, 1998 and 1999, the proposed FY 2003 impact file for hospital inpatient operating and capital payments and the Provider Specific File. The data is abstracted from an internal file used to conduct the impact analysis of the final outpatient PPS for CY 2003.

CY 2003 HOSPITAL OUTPATIENT
PPS PAYMENT IMPACT FILE ¹

File Pos.	Format	Title	Description
1	\$6.	Provider Number	Six character provider number, first two digits identify the State ²
8	5.2	Discounted Service Mix Index	Sum of Ambulatory Payment Class (APC) weights multiplied by frequency of discounted service units divided by total units
15	8.	Total Units	Total number of outpatient services used to calculate payment
29	8.	Provider Type	0= Short term PPS hospital 7= Rural Referral Center 8 = Indian Hospital 14 = Medicare-Dependent, Small Rural Hospital 16 = Sole Community Hospital 17= Sole Community Hospital and Rural Referral Center 21= Essential Access Community Hospital (EACH) 22= EACH and Rural Referral Center
38	8.4	Post MGCRB Reclassification Wage Index	Proposed FY 2003 inpatient hospital wage index after reclassification by the Medicare Geographic Classification Review Board (MGCRB)
47	\$6	Urban/Rural Location	Urban/Rural designations for geographic location prior to reclassification by the MGCRB LURBAN= Large urban area OURBAN=Other urban area RURAL= Rural area
56	\$1	Census Division	Based on pre-reclassification MSA assignment 1= New England 2= Middle Atlantic 3= South Atlantic 4= East North Central

			5= East South Central 6= West North Central 7= West South Central 8= Mountain 9= Pacific 40= Puerto Rico
63	8.5	Disproportionate Share Patient Percentage	As determined from cost report and Social Security Administration (SSA) data
73	8.3	Average Daily Census (ADC) Ratio	Calculated from cost report: ratio of inpatient days to cost report days
83	11.2	Current PPS Payment	Simulated total CY 2002 Medicare program and beneficiary payments for the services for which CMS is able to simulate payments ³
95	11.2	Outlier Payment	Simulated outlier payments for proposed rule CY 2003 PPS
107	4.	Number of Beds	From proposed FY 2003 hospital inpatient PPS impact file and 1999 cost reports.
112	1.	Major Cancer Hospital Code	May be used to identify major cancer hospitals for permanent hold harmless provision of the BBRA 1999 0= not a major cancer hospital 1= major cancer hospital
114	8.	Provider units	Total number of outpatient services; used to create hospital "volume" groupings in impact table.

1. Additional provider variables can be obtained from the proposed rule FY 2003 hospital inpatient PPS Payment Impact File.

2. A list of SSA state codes is available from the proposed rule FY 2003 hospital inpatient PPS Payment Impact File.

3. Amount will vary from actual payments because some claims did not contain the HCPCS codes that are required to calculate payment under the PPS system. In addition, claims with only invalid or non-covered HCPCS were eliminated.